



IHSAA Girls Basketball Broadcast Application
2008-2009 School Year

**This application is for stations that have joined the
IHSAA / Methodist Sports Medicine Championship Radio Network.**

Radio Station _____ in _____ requests permission to broadcast the following:

Reminder, station must carry the weekly Indiana High School Sports Report, the girls basketball pairings show and at least one girls basketball state championship game to waive broadcast rights fees.

Please note: your station may still follow local schools throughout the tournament, and by joining the IHSAA / Methodist Sports Medicine Championship Radio Network, your station will not be required to pay any broadcast fees for games your station broadcasts during sectional, regional, semi-state, or state finals play during the IHSAA Girls Basketball Tournament.

Important

Stations desiring to broadcast tournament games should list below the school(s) they intend to follow in order of preference **(host sites will be notified of your coverage based on this information)**.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Send credentials (two will be furnished by the host site) to:

(Name)	(Station)	(Address)	(City, State, Zip)
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Station contact e-mail address: _____
(Important: confirmation of station broadcasts will be e-mailed during each tournament)

Return this application to Matthew Smith at: Associated Sports Productions
36 S. Pennsylvania Street, Suite 190
Indianapolis, Indiana 46204
Telephone 317-633-1462 **FAX: 317-633-1461**

A late charge of \$25 will be required if this application is postmarked after **January 26, 2009.*



IHSAA Girls Basketball Broadcast Application
2008-2009 School Year

**This application is for stations that have not joined the
IHSAA / Methodist Sports Medicine Championship Radio Network.**

Radio Station _____ in _____ requests permission to broadcast the following:

Sectional	-----	Fee \$ _____
Regional	-----	Fee \$ _____
Semi-State	-----	Fee \$ _____
State	-----	Fee \$ _____
Highest 60-second rate _____	TOTAL ENCLOSED	\$ _____

Please submit station's current rate card with this application.

Fee Structure		
Sectional Fees	3 x Station's highest 60-second rate	Minimum \$40; Maximum \$200
Regional Fee	3 ½ x Station's highest 60-second rate	Minimum \$45; Maximum \$200
Semi-State	4 x Station's highest 60-second rate	Minimum \$50; Maximum \$200
State	5 x Station's highest 60-second rate	Minimum \$70; Maximum \$200

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